

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

10/566 450

SERIAL NO.

10/566 450

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		1				
6		0				
7		1				
8		0				
9		1				
10		1				
11		1				
12	1	1				
13		1				
14		1				
15		1				
16		1				
17		1				
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48						
49						
50						
TOTAL IND.	3		↓		↓	↓
TOTAL DEP.	12		←	←	←	←
TOTAL CLAIMS	20					

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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99						
100						
TOTAL IND.			↓		↓	↓
TOTAL DEP.			←	←	←	←
TOTAL CLAIMS						